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JAN 27 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re: Jonathan R. Coppeta Confirmation No: 2283
 Appl. No: 10/007,502 Group: 1765
 Filed: November 8, 2001 Examiner: Ahmed,
 Customer No.: 25263 Shamim
 For: Method for Fabricating micro
 Optical Elements Using CMP
 Attorney 0005.1099
 Docket No.

AMENDMENT

VIA FACSIMILE: 703-872-9306
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, Virginia 22313-1450

Sir:

In response to the pending Office Action, mailed August 27, 2004 (Paper No./Mail Date 20040823), please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims in section (a) of this paper.

Reconsideration is requested in view of the Remarks set forth in section (b) of this paper.

A two-month extension is requested for this response

Adjustment date: 12/29/2005 EEKUBAY1
 02/02/2005 RHOLLAND 00000003-501547 10007502
 01 FC:1252 450.00 CR

12/29/2005 EEKUBAY1 00000007 501547 10007502

01 FC:2252 225.00 DA

02/07/2005 RHOLLAND 00000003-501547 10007502

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re:	Jonathan R. Coppeta	Confirmation No:	2283
Serial No:	10/007,502	Group:	1765
Filed:	November 8, 2001	Examiner:	Ahmed, Shamim
For:	Method for Fabricating Micro Optical Elements Using CMP		
Customer No.:	25263		
Attorney Docket No.	1099us		

REQUEST FOR REIMBURSEMENT

VIA FACSIMILE: 703-872-9306
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, Virginia 22313-1450

Sir:

On January 27, 2005, applicant's attorney filed an Amendment, requesting a two-month extension of time, for the above-referenced application. On the fee transmittal which accompanied the amendment, the box claiming small entity status was checked, and the amount in section 4, "other fees," was listed as \$225, the correct fee for a small entity.

A copy of the Fee Transmittal that was submitted on January 27, 2005, is enclosed for your convenience.

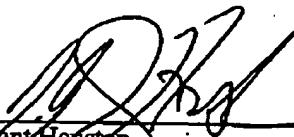
On our deposit account statement we note the charge on February 7, 2005 for the two-month extension of time requested was in the amount of \$450, with a fee code of 1252, which is the fee code for a large entity, not small entity.

COPY

Application No.: 10/007,502
February 28, 2005
Attorney Docket No.: 1099us

Applicant's attorney requests a refund in the amount of \$225 which is the difference between the \$450 two-month extension of time for a large entity, and the \$225 for a small entity.

Respectfully submitted,

By 
J. Grant Houston
Registration No.: 35,900
Tel: 781 863 9991
Fax: 781 863 9931

Lexington, Massachusetts 02421
Date: February 28, 2005

4 Millia Drive, Suite 4
Lexington, MA 02421
Tel: 781-863-9991
Fax: 781-863-9931



Houston Eliseeva LLP
Intellectual Property

Fax

Office of Finance -Refund Branch

To:	J. Grant Houston		
Fax	571-273-6500	Pages:	7 (including cover sheet)
Phone:	Date: December 9, 2005		
Re:	Request for Reimbursement for Application No. 10/007,502 Filed: November 8, 2001	CC:	

Urgent For Review Please Comment Please Reply Please Recycle

• **Comments:**

Enclosed is a copy of a Request for Reimbursement which was originally faxed on February 28, 2005, again on June 28, 2005, and a third time on November 14, 2005. To date, we have not received the reimbursement.

Please reimburse our deposit account as stated in the original request of February 28, 2005.

Thank you for your assistance.

Confidentiality Notice

This facsimile is intended to be transmitted to the person whose name appears on it. Should it be received by another person, its contents are to be treated as strictly confidential. It is a privileged communication between the firm and the person named. Any use, distribution or reproduction of the information by anyone other than that person is prohibited.

4 Millia Drive, Suite 4
 Lexington, MA 02421
 Tel: 781-863-9991
 Fax: 781-863-9931



Houston Eliseeva LLP
Intellectual Property

COPY
Fax

To:	Office of Finance - Refund Branch	From:	J. Grant Houston
Fax:	571-272-6500	Pages:	6 (including cover sheet)
Phone:		Date:	November 14, 2005
Re:	Request for Reimbursement for: Application No. 10/007,502 Filed: November 8, 2001	CC:	

Urgent For Review Please Comment Please Reply Please Recycle

• **Comments:**

Enclosed is a copy of original request for refund faxed to the U.S.P.T.O on February 28, 2005, including the U.S.P.T.O. receipt. This was also faxed to the refund branch on June 28, 2005.

Please acknowledge receipt of this facsimile and also, please process the request for refund.

Thank you for your assistance.

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This facsimile is intended to be transmitted to the person whose name appears on it. Should it be received by another person, its contents are to be treated as strictly confidential. It is a privileged communication between the firm and the person named. Any use, distribution or reproduction of the information by anyone than that person is prohibited.

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

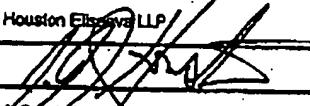
Total Number of Pages in This Submission 4

Application Number	10/007,502
Filing Date	November 8, 2001
First Named Inventor	Jonathan R. Coppeta
Art Unit	1765
Examiner Name	Ahmed, Shamina
Attorney Docket Number	1099us

ENCLOSURES (Check all that apply)

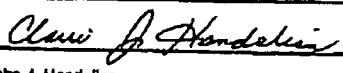
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Request for reimbursement
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> Copy of fee transmittal previously submitted on January 27, 2005
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Houston Eliseeva LLP		
Signature			
Printed name	J. Grant Houston		
Date	February 28, 2005	Reg. No.	35,900

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name	Claire J. Handalian	Date	February 28, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (12-04)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4816).

**FEES TRANSMITTAL
For FY 2005** Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 225

Complete If Known

Application Number	10/007,502
Filing Date	November 8, 2001
First Named Inventor	Jonathan R. Coppeta
Examiner Name	1765
Art Unit	Ahmed, Shamim
Attorney Docket No.	1099us

METHOD OF PAYMENT (check all that apply)

 Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number 501547 Deposit Account Name Axsun Technologies, Inc.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

 Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	100	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	
				Fee (\$)	Fee Paid (\$)
- 20 or HP =	x	=			

HP = Highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 3 or HP =	x	=	

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity)

for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x		

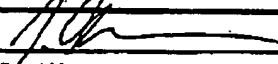
4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: Extension for response within second month

225

SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 35,900	Telephone 781-863-8991
Name (Print/Type)	J. Grant Houston		Date January 27, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Patent/TM/App/Serial # 10,007,502

Program Area OTPE

Date Processed 12-22-05

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